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WHITE PLAINS, I	NY 10606			Steven M.	Hoffberg	(Depositor's name)
						(Signature)
						(Date)
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/260,802	09/260,802 03/02/1999 STEVEN M. HOFFI			ERG	3459-11	6940
ITLE OF INVENTION: A INTERFACE THEREFORE		COGNITION BASE	ED CONTROLLER A	APPARATUS AND M	ETHOD AND HUMAN-FA	CTORED
APPLN. TYPE	SMALL ENTITY	ISSUE FE	E PU	JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$0	\$1400	08/23/2006
EXAM	ART UNIT		LASS-SUBCLASS			
HARTMAN JI	2121		700-028000			
CFR 1.363). Change of correspond Address form PTO/SB/1: "Fee Address" indica	e address or indication of "F. dence address (or Change of 22) attached. tion (or "Fee Address" Indica or more recent) attached. Use	Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
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Please check the appropriate	e assignee category or catego	ories (will not be pri	nted on the patent):	☐ Individual ☐ C	orporation or other private gr	oup entity Government
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	(from status indicated above MALL ENTITY status. See	*	☐ b. Applicant is n	o longer claiming SMA	LL ENTITY status. See 37 (CFR 1.27(g)(2).
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the rec	is requested to apply the Issublication Fee (if required) ords of the United States Pat	ue Fee and Publicat will not be accepted ent and Trademark	ion Fee (if any) or to I from anyone other t Office.	re-apply any previous han the applicant; a reg	ly paid issue fee to the applic istered attorney or agent; or t	ation identified above. he assignee or other party in
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